



**Form for Requesting Subsequent Test Accommodation(s)**

*CPS Human Resource Services must receive your request form and supporting documentation by the registration deadline of the exam you wish to take.*

Candidate's name: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

Daytime telephone #'s: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Requested Exam: \_\_\_\_\_

Month/Year: \_\_\_\_\_ Exam city & state: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

CPS Human Resource Services examination for which accommodation(s) were provided:

\_\_\_\_\_ I have received test accommodation(s) for a previous CPS Exam, and I am requesting the previously provided accommodation(s) for the exam noted below.

*Submitting this form constitutes your official notification to CPS Human Resource Services of a request for test accommodation(s). Arrangements will be made once the prior accommodation(s) have been confirmed and your request is processed.*

\_\_\_\_\_ I require different accommodation(s) from those previously provided because of a change in the nature and extent of my disability.

If you are requesting different accommodation(s), briefly describe the change in the nature or extent of your disability and attach documentation from a qualified professional supporting the need for a change in accommodations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mail this form to:**

**CPS Human Resource Services  
Attn: SIA  
241 Lathrop Way  
Sacramento, Ca. 95815**